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1057 U.S. PTO

12-26-01 A

PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>Attorney Docket No.</b> CU-2641 VE<br><b>First Inventor</b> Jong Heon KIM<br><b>Title</b> METHOD OF FABRICATING A WAFER LEVEL PACKAGE<br><b>Express Mail Label No.</b> L 698 179639                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |
| <b>ADDRESS TO:</b> Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>ACCOMPANYING APPLICATION PARTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><i>(Submit an original and a duplicate for fee processing)</i><br>2. <input type="checkbox"/> Applicant claims small entity status.<br><i>See 37 CFR 1.27.</i><br>3. <input checked="" type="checkbox"/> Specification [Total Pages 27]<br><i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (<i>if filed</i>)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [ Total Sheets 9 ]<br>5. Oath or Declaration [ Total Pages 4 ] |  | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program ( <i>Appendix</i> )<br>8. Nucleotide and/or Amino Acid Sequence Submission ( <i>if applicable, all necessary</i> ) <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. Specification Sequence Listing on:               <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statements verifying identity of above copies</li> </ul> 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney ( <i>when there is an assignee</i> ) |          |
| a. <input checked="" type="checkbox"/> Newly executed (original or copy)<br>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d))<br><i>(for continuation/divisional with Box 18 completed)</i> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/> <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i></li> </ul> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 11. <input type="checkbox"/> English Translation Document ( <i>if applicable</i> )<br>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 4<br>13. <input type="checkbox"/> Preliminary Amendment<br>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><i>(Should be specifically itemized)</i><br>15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) ( <i>if foreign priority is claimed</i> )<br>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.<br>17. <input type="checkbox"/> Other: .....                                                                                                         |          |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:<br><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)    of prior application No.: _____ / _____<br>Prior application information: Examiner _____ Group Art Unit: _____<br>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |
| <b>19. CORRESPONDENCE ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 26530<br><small>(Insert Customer No. or Attach bar code label here)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Zip Code |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Telephone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |
| Name (Print/Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Registration No. (Attorney/Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |

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L 698 179639

PTO/SB/17 (11-01)

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 906.00)

Complete if Known

|                      |               |
|----------------------|---------------|
| Application Number   |               |
| Filing Date          |               |
| First Named Inventor | Jong Heon KIM |
| Examiner Name        |               |
| Group Art Unit       |               |
| Attorney Docket No.  | CU-2641 VE    |

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  Other  None
 Deposit Account:

|                        |               |
|------------------------|---------------|
| Deposit Account Number | 12-0400       |
| Deposit Account Name   | Ladas & Parry |

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

| Large Entity | Small Entity | Fee Code (\$) | Fee Code (\$) | Fee Description        | Fee Paid |
|--------------|--------------|---------------|---------------|------------------------|----------|
| 101 740      | 201 370      |               |               | Utility filing fee     | 740.     |
| 106 330      | 206 165      |               |               | Design filing fee      |          |
| 107 510      | 207 255      |               |               | Plant filing fee       |          |
| 108 740      | 208 370      |               |               | Reissue filing fee     |          |
| 114 160      | 214 80       |               |               | Provisional filing fee |          |

SUBTOTAL (1) (\$ 740.)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims       | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| 27                 | -20** = 7    | x 18           | = 126.   |
| Independent Claims | 3 - 3** = 0  | x              | =        |
| Multiple Dependent |              |                | =        |

| Large Entity | Small Entity | Fee Description                                            |
|--------------|--------------|------------------------------------------------------------|
| 103 18       | 203 9        | Claims in excess of 20                                     |
| 102 84       | 202 42       | Independent claims in excess of 3                          |
| 104 280      | 204 140      | Multiple dependent claim, if not paid                      |
| 109 84       | 209 42       | ** Reissue Independent claims over original patent         |
| 110 18       | 210 9        | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$ 126.)

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

| Large Entity | Small Entity | Fee Code (\$) | Fee Code (\$) | Fee Description                                                            | Fee Paid |
|--------------|--------------|---------------|---------------|----------------------------------------------------------------------------|----------|
| 105 130      | 205 65       |               |               | Surcharge - late filing fee or oath                                        |          |
| 127 50       | 227 25       |               |               | Surcharge - late provisional filing fee or cover sheet                     |          |
| 139 130      | 139 130      |               |               | Non-English specification                                                  |          |
| 147 2,520    | 147 2,520    |               |               | For filing a request for ex parte reexamination                            |          |
| 112 920*     | 112 920*     |               |               | Requesting publication of SIR prior to Examiner action                     |          |
| 113 1,840*   | 113 1,840*   |               |               | Requesting publication of SIR after Examiner action                        |          |
| 115 110      | 215 55       |               |               | Extension for reply within first month                                     |          |
| 116 400      | 216 200      |               |               | Extension for reply within second month                                    |          |
| 117 920      | 217 460      |               |               | Extension for reply within third month                                     |          |
| 118 1,440    | 218 720      |               |               | Extension for reply within fourth month                                    |          |
| 128 1,960    | 228 980      |               |               | Extension for reply within fifth month                                     |          |
| 119 320      | 219 160      |               |               | Notice of Appeal                                                           |          |
| 120 320      | 220 160      |               |               | Filing a brief in support of an appeal                                     |          |
| 121 280      | 221 140      |               |               | Request for oral hearing                                                   |          |
| 138 1,510    | 138 1,510    |               |               | Petition to Institute a public use proceeding                              |          |
| 140 110      | 240 55       |               |               | Petition to revive - unavoidable                                           |          |
| 141 1,280    | 241 640      |               |               | Petition to revive - unintentional                                         |          |
| 142 1,280    | 242 640      |               |               | Utility issue fee (or reissue)                                             |          |
| 143 460      | 243 230      |               |               | Design issue fee                                                           |          |
| 144 620      | 244 310      |               |               | Plant issue fee                                                            |          |
| 122 130      | 122 130      |               |               | Petitions to the Commissioner                                              |          |
| 123 50       | 123 50       |               |               | Processing fee under 37 CFR 1.17(q)                                        |          |
| 126 180      | 126 180      |               |               | Submission of Information Disclosure Stmt                                  |          |
| 581 40       | 581 40       |               |               | Recording each patent assignment per property (times number of properties) |          |
| 146 740      | 246 370      |               |               | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |
| 149 740      | 249 370      |               |               | For each additional invention to be examined (37 CFR § 1.129(b))           |          |
| 179 740      | 279 370      |               |               | Request for Continued Examination (RCE)                                    |          |
| 169 900      | 169 900      |               |               | Request for expedited examination of a design application                  |          |

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 40.)

## SUBMITTED BY

|                   |                          |                                   |       |           |               |
|-------------------|--------------------------|-----------------------------------|-------|-----------|---------------|
| Name (Print/Type) | Vangelis Economou        | Registration No. (Attorney/Agent) | 32341 | Telephone | (312)427-1300 |
| Signature         | <i>Vangelis Economou</i> |                                   |       |           |               |
|                   | Date                     | 12/18/01                          |       |           |               |

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